

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030633

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE CLINIC AND RX , L.L.C

**Current Principal Place of Business:**

4121 TAMIAMI TRAIL SOUTH  
VENICE, FL 34293

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 19814  
SARASOTA, FL 34276-281

**New Mailing Address:**

4121 TAMIAMI TRAIL SOUTH  
VENICE, FL 34293

**FEI Number:** 27-2160649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHER, IRENE  
5022 TRESTLE COURT  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGM  
Name: SCHER, MICHAEL OWNER  
Address: 5022 TRESTLE COURT  
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SCHER

MGM

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date